

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/54464

FILING DATE

APPLICANT(S)

7/29/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		1		1			54						
5		1		1			55						
6		1		1			56						
7		1		1			57						
8		1		1			58						
9		1		1			59						
10		1		1			60						
11		1		1			61						
12		1		1			62						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	↓		↓		↓		TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←	11	←		←		TOTAL DEP.	←		←		←	
TOTAL CLAIMS		12					TOTAL CLAIMS						

BEST AVAILABLE COPY